CR ConsumerReports®

FEBRUARY 2024
VOLUME 36 ISSUE 2

On Health

The Truth About What's Good for You

YOUR GUIDE TO BETTER BALANCE

The right footwear, exercises, and more PAGE 6

Music That Eases Pain

Some tunes are more effective than others

PAGE 3

6 SMALL CHANGES FOR A MUCH SAFER BATHROOM PAGE 11

Eat This to Lower Your Blood Pressure

PAGE 4

Healthy or Not? What Labels Reveal. PAGE 8

IMPORTANT NEWS ABOUT STATINS

PAGE 12

PLUS • If That Cold Won't Quit Page 3 • **What to Do About an Aching Jaw** Page 9 • **Soothe an Itchy Rash** Page 12

ConsumerReports®

On Health

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What Makes a Car Safer

CR's auto experts say these five features are key

SAFETY ADVANCES of the past decade make today's cars better than older ones at preventing crashes and protecting occupants in a collision. "Even less expensive newer cars now come standard with lifesaving safety features," says Jake Fisher, CR's senior director of auto testing. Features to know about:

1. **Automatic crash notification.** ACN alerts first responders if it detects a crash or an airbag deployment. While most automakers used to charge for this, a growing number now offer it free on new cars or complimentary for up to 10 years. Get more on this at **CR.org/acn**.
2. **Electronic stability control.** Mandatory on new cars since 2012, ESC monitors factors such as wheel speed and automatically adjusts brakes and engine power. "We found cars with ESC to be far easier to control in an emergency," Fisher says.
3. **Advanced crash protection.** Check for cars with a Top Safety Pick award from the Insurance Institute for Highway Safety plus a five-star National Highway Traffic Safety Administration rating.
4. **Automatic emergency braking with pedestrian detection.** This detects potential collisions with vehicles, pedestrians, and cyclists, and automatically brakes to prevent a crash or lessen its impact. Go to **CR.org/cars** to see whether this is standard on a car you're considering.
5. **More rear-seat protection.** Advanced seat belts are becoming more available in back seats. (See rear-seat safety scores at **CR.org/cars**.)

SCAN THIS QR CODE
See a video on winter driving safety.

THIS MONTH'S EXPERTS

We contact health authorities and medical researchers from around the world. Here are some of the experts we consulted this month:

C. Noel Bairey Merz, MD, director, Barbra Streisand Women's Heart Center, Cedars-Sinai, Los Angeles.

Emily Gier, RD, associate professor, division of nutritional sciences, Cornell University College of Human Ecology, Ithaca, N.Y.

Greg Hartley, DPT, associate professor of physical therapy, University of Miami Miller School of Medicine, Coral Gables, Fla.

Swapnil Hiremath, MD, associate professor, faculty of medicine, University of Ottawa, Canada.

Stephen Kopecky, MD, cardiologist, Mayo Clinic, Rochester, Minn.

Richard Marottoli, MD, MPH, medical director, Dorothy Adler Geriatric Assessment Center, Yale-New Haven Hospital, New Haven, Conn.

Marion Nestle, PhD, professor of nutrition and food studies, New York University, New York City.

Debra Rose, PhD, director emerita, Center for Successful Aging, California State University, Fullerton.

Anne Vanderbilt, CNS, nurse practitioner, Center for Geriatric Medicine, Cleveland Clinic.

Sumit Yadav, BDS, MDS, professor of orthodontics, University of Nebraska Medical Center College of Dentistry, Lincoln.

PHOTOS, COVER, CLOCKWISE FROM TOP LEFT: GETTY IMAGES; SHUTTERSTOCK; MARIYA PODGORNAYA/ADOBE STOCK; ALBA VITTA/STOCKSY. PHOTO, THIS PAGE: GETTY IMAGES

Health Wire

These Foods Cut Your Diabetes Risk

Exchanging a daily red meat serving for beans and/or nuts cut type 2 diabetes risk by 30 percent in a study that tracked people for 28 to 40 years. Swapping a red meat serving for dairy cut the risk by 22 percent. Why? The saturated fat in red meat and preservatives in processed meat may contribute to insulin resistance.

Source: The American Journal of Clinical Nutrition, Oct. 19, 2023.

Tunes That Ease Pain

People in discomfort rated their pain as less intense when they listened to their favorite music in one recent study. And moody or melancholy songs eased physical pain more than cheerful or energizing selections. Researchers say music may reduce pain by increasing "musical pleasantness" and "musical chills."

Source: Frontiers in Pain Research, Oct. 25, 2023.

NEW REASON TO TREAT SLEEP APNEA

Those with heart disease and obstructive sleep apnea may want to know this: A study found that adults with both conditions who used continuous positive air pressure at least 4 hours a night were 45 percent less likely to have a major or fatal heart attack, stroke, or heart-related hospital admission.

Source: JAMA, Oct. 3, 2023.

Tai Chi for Parkinson's

In a study that followed 330 older adults with Parkinson's disease for about four years, those who practiced tai chi twice a week for 60 minutes at a time experienced a slower progression of the disease and were less likely to have symptoms such as tremors. They were also less apt to need to increase their medication doses than study participants who didn't do this slow, flowing Chinese exercise routine. Are you interested? You can find beginner classes at places such as YMCAs and senior centers.

Source: Journal of Neurology, Neurosurgery & Psychiatry, Oct. 24, 2023.

WHEN A COLD LINGERS

Symptoms of colds and other respiratory infections can last four weeks or more. One study found that 472 out of 10,171 people had lingering symptoms after a non-COVID infection. See a doctor if you have issues such as breathing problems, a fever for more than four days, or a worsening cough, or you get dehydrated.

Source: Lancet EClinicalMedicine, Oct. 6, 2023.

Do Blue Light Blockers Really Help You Sleep?

It's thought by some that blue light from digital devices can cause sleep problems. But a review of 17 studies found little evidence that blue-blocking eyeglasses help. A better idea: Switch devices to night or dark mode in the evening and stop using them 1 to 2 hours before bedtime.

Source: Cochrane Database of Systematic Reviews, Aug. 18, 2023.

PHOTOS, FROM TOP: ADOBE STOCK; GETTY IMAGES; ADOBE STOCK; GETTY IMAGES

5 Food Moves That Lower Blood Pressure

These strategies may reduce the need for meds if you have hypertension, or even prevent it in the first place

ADVANCED AGE IS A RISK factor for high blood pressure—more than half of older adults have it. But there is plenty you can do to reduce your odds and reverse worrisome increases. Where to start? With the foods you eat. "Diet can help for both prevention and management of high blood pressure," says Emily Gier, RD, an associate professor in Cornell University College of Human Ecology's division of nutritional sciences in Ithaca, N.Y. "And it doesn't come with the side effects that some medications do."

The first diet step that most doctors recommend is cutting back on sodium. On average, Americans eat 3,400 mg a day. Per the Dietary Guidelines, you should aim for less than 2,300 mg, although the American Heart Association says no more than 1,500 mg is an ideal daily goal. Cutting back can lead to good results. For example, going from 5,000 mg a day to about 1,300 mg lowered systolic blood pressure (the upper number) by an average of 8 points and diastolic (the lower number) by 3 points, a 2023 study in JAMA of 213 older adults with and without hypertension found.

But here's the problem: Decreasing the sodium in your diet isn't that easy. Most of it comes from packaged foods and restaurant dishes—think pizza, sandwiches, deli meat, bread, soups, tacos, chips, and crackers. However, even if you can't quite achieve an ideal sodium intake, following some of the five strategies below may lead to significant reductions in blood pressure.

1. Load Up on Potassium

Not getting enough potassium could be as problematic for blood pressure as eating too much sodium. "A lot of studies show that when you increase potassium, your kidneys are better able to excrete sodium, so by eating more potassium you can get rid of some of that sodium in your diet," says Swapnil Hiremath, MD, an associate professor in the faculty of medicine at the University of Ottawa in Canada.

Potassium also helps blood vessels relax, which increases blood flow and lowers blood pressure. A 2013 review of research published in The BMJ, with almost 129,000 participants, found that people with hypertension who get 3,500 mg to 4,700 mg of potassium (the Daily Value) a day slashed systolic blood pressure by 5.32 points and diastolic blood pressure by 3.1 points.

Eating a diet rich in vegetables, whole grains, beans, peas and lentils, fruits, and nuts is an easy way keep your potassium intake up. Potatoes (895 mg per one small, baked, without skin), lentils (731 mg per cooked cup), butternut squash (582 mg per 1 cup cooked cubes), prunes (556 mg in 10 prunes), and bananas (411 mg in one medium) are all good sources of potassium.

2. Drink Less Alcohol

The days of alcohol being viewed as cardio-protective are gone. A position paper from the International Society of Hypertension, published in the Journal of Hypertension in 2023, recommends avoiding binge drinking (4 to 5 drinks in one occasion) and ideally abstaining from alcohol. "People don't talk about it, but there is a strong relationship with increasing alcohol and increasing blood pressure," says Hiremath. "Studies have shown that people who drink the most benefit the most in terms of blood pressure reduction when they cut back on

ILLUSTRATIONS: MICHELLE PEREIRA

alcohol." According to the position paper, while the upper limit for alcohol is one drink a day (12 ounces of beer, 5 ounces of wine, or a shot of liquor) for women and two for men, "there is no safe limit for alcohol consumption to prevent hypertension and adverse cardiovascular outcomes," says Hiremath.

3. Boost Fiber

Whole grains, fruits, vegetables, nuts, seeds, and beans all contain fiber, a type of carbohydrate that the body can't fully break down or absorb. Fiber has been linked to better cardiovascular health overall. For example, a review of 243 studies published in 2019 in The Lancet found that people who ate 25 to 29 grams of fiber daily (the Daily Value is 28 grams) had a 15 to 30 percent lower risk of dying from heart disease or stroke than those who consumed less than 15 grams. Higher intakes may be even more beneficial, according to the researchers.

Looking at high blood pressure in particular, a review of 15 studies, published in 2022 in BMC Medicine, found that each 5 gram per day increment in fiber reduced both systolic and diastolic levels by about 2 points. Fiber superstars include black beans (18 grams per cup, canned) and other beans, avocado (9 grams in one medium), bulgur (9 grams per cup), raspberries (8 grams per cup), pears (5.5 grams in one medium), and oatmeal (4 grams per cup).

4. Eat Less Sugar

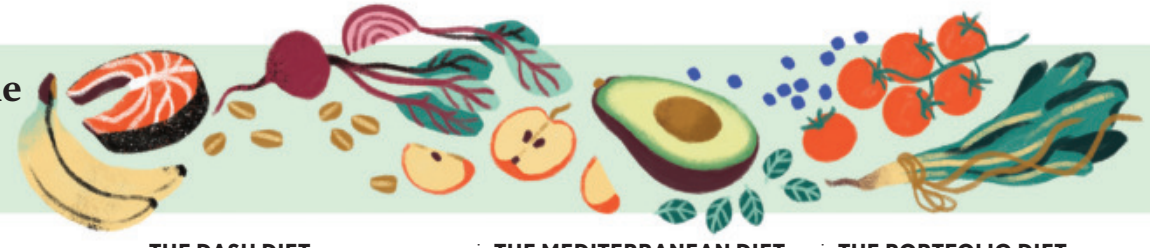
Added sugars, the kind incorporated during the manufacturing process, are linked with a greater risk of high blood pressure, as well as weight gain, insulin resistance, and high cholesterol, according to the International Society of Hypertension. In a 2019 study in the journal Nutrients, researchers estimated that reducing daily sugar intake from about 9 teaspoons (36 grams) to just under 7 teaspoons (28 grams) would lower systolic blood pressure by 8.4 points and diastolic blood pressure by 3.7 points in older women. The American Heart Association recommends no more than 25 to 36 grams a day for women and men, respectively. Sugar-sweetened beverages, such as sodas and many tea and coffee drinks, are some of the biggest sources of added sugar, and some research suggests that drinks with added sugars have more of a negative effect on blood pressure than sugary foods, even at one drink per day.

5. Watch Your Calories

Implementing all the dietary changes above will help naturally increase healthy nutrients in your diet while decreasing empty calories, saturated fat, and sodium. That can lead to weight loss. "Even dropping 5 to 10 pounds for someone who needs to lose weight can have an impact," says Gier. Research shows 2- to 11-point reductions in systolic measurements and up to 9 points for diastolic for weight loss combined with a healthy diet.

LEARN
For plant-based meal ideas that help with blood pressure, go to CR.org/meatlessmeals.

What's the Best Diet for You



There's good evidence that following one of the three dietary approaches here can lower blood pressure and protect your heart. These aren't calorie-restricted "diets" created to spur weight loss, although that can be a side effect. That makes them easier to incorporate into your lifestyle. They're mostly plant-based, so they supply plenty of fiber and anti-inflammatory and antioxidant compounds. Here's the information you need to find the eating plan that's right for you.

THE DASH DIET

WHAT YOU'LL EAT Short for Dietary Approaches to Stop Hypertension, DASH provides plenty of blood pressure-lowering potassium, calcium, magnesium, and fiber from fruits, vegetables, beans, and nuts, and some fish, poultry, and low-fat dairy.

HOW EFFECTIVE IS IT? DASH has the most evidence behind it. Studies show it lowers blood pressure in those with and without hypertension, even without cutting sodium. But a low-sodium DASH diet (1,500 mg daily) is better than DASH or a low-sodium diet alone.

THE MEDITERRANEAN DIET

WHAT YOU'LL EAT Rich in vegetables, fruits, grains, nuts, beans, and healthy fats, this way of eating doesn't specifically limit sodium. It's high in potassium and antioxidants that help with blood pressure by protecting against blood vessel damage.

HOW EFFECTIVE IS IT? Most of the research is on its overall heart benefits. But a 2022 review in Reviews in Cardiovascular Medicine found that it helped reduce blood pressure by 3.1 points systolic and 1.6 points diastolic compared with a regular diet.

THE PORTFOLIO DIET

WHAT YOU'LL EAT This diet focuses on cholesterol-lowering foods, especially nuts, soluble fiber (barley, oats, apples, avocado, beans, peas, lentils), soy protein, and plant sterols, which are fat compounds found in plants.

HOW EFFECTIVE IS IT? A 2018 analysis in Progress in Cardiovascular Diseases found that when compared with a standard cholesterol-lowering diet, this plan dropped systolic and diastolic blood pressure by 1 percent and 2 percent, respectively.

Your Guide to Better Balance

Smart ideas to help you avoid falls

WHILE YOU CAN SLIP and fall at any point in life, it's more common with age. More than 1 out of 4 older adults take a tumble each year, and about 20 percent of these falls lead to injuries such as broken bones, according to the Centers for Disease Control and Prevention.

A host of aging-related changes may be at fault. "We lose muscle strength and flexibility, and our senses become less sharp," says Anne Vanderbilt, CNS, a nurse practitioner at the Cleveland Clinic's Center for Geriatric Medicine. Vision and hearing can become less sharp, reducing awareness of fall hazards. Chronic conditions such as arthritis can affect balance, as can certain meds, says Audrey Chun, MD, vice chair of geriatrics and palliative medicine outpatient services with the Mount Sinai Health System in New York City.

Age also affects your vestibular system, the area of your inner ear that helps you maintain balance, says Greg Hartley, DPT, an associate professor of physical therapy at the University of Miami Miller School of Medicine in Coral Gables, Fla.

But there's plenty that you can do. Consider the following.

Assess Your Steadiness

Four quick "tests" at home can help you gauge your balance, says Richard Marottoli, MD, MPH, medical director of the Dorothy Adler Geriatric Assessment Center at the Yale-New Haven Hospital. Have a sturdy chair or person nearby to hold on to if you need some support.

1. Stand in place with your feet together.
2. Move one foot forward so that the instep is next to the other foot's toes.
3. Return to the original position, then place the toes of one foot behind the heel of the other foot.
4. When back in the original position, stand in place on one leg, then the other.

Ideally, you should be able to hold each move for 10 seconds. If not, or if you have any concerns, tell your doctor. They may refer you to physical therapy or screen you for conditions such as diabetes, stroke, or Parkinson's disease. And note that your doctor should inquire about balance at annual wellness visits.

How to Improve Your Stability

› **Review your meds annually.** "The most common offenders are those that affect your level of alertness or your blood pressure when standing up," Marottoli says. These include some medications for high blood pressure; anxiety, such as diazepam (Valium); an overactive bladder, such as oxybutynin (Ditropan); and antihistamines such as diphenhydramine (Benadryl).

Your best bet is to follow the CDC's advice and go over everything you take regularly–prescription and over-the-counter products, including supplements–with your doctor or pharmacist each year. In addition, "if you feel foggy/groggy or off-balance after starting a new medicine [or increasing a dose] or dizzy or unsteady on standing up, make sure to let your clinician know," Marottoli says.

› **Get your eyes and ears checked.** Research suggests that poor vision doubles the risk of falls for older adults. And a 2020 study published in JAMA Otolaryngology-Head & Neck Surgery found that hearing problems, especially among older people, impairs balance.

"When you have vision or hearing loss, your brain has to work harder to compensate, which means you have less cognitive

PHOTOS: GETTY IMAGES (3)

reserve to focus on balance," says Debra Rose, PhD, director emerita of the Center for Successful Aging at California State University in Fullerton. The American Academy of Ophthalmology recommends that all adults over age 65 see an eye doctor every year or two. And the American Speech-Language-Hearing Association says that people should be screened by an audiologist every three years after age 50.

› **Improve your strength.** Our muscles typically shrink about 3 to 8 percent per decade after age 30, and weakening accelerates after age 60. Strength, endurance, and flexibility are key for good balance, Chun says. So older adults should do exercises that target one or more of those every day, Hartley says.

Research shows that simply getting out and walking is helpful. Yoga is also a good option. A 2023 review published in the Annals of Internal Medicine found that older adults who did yoga were stronger and had better balance—as well as more endurance and a faster walking pace—than those who didn't. Another 2023 review found that the mind-body practice of tai chi improved balance and reduced fall risks in older adults, too.

› **Get the right footwear.** It's important because it provides a stable base for your feet, legs, and body. To help your toes grip the ground more firmly, Marottoli recommends shoes with a wide toe box. For added stability, he suggests footwear with soft but supportive insoles, a closed back, and laces or a fabric-fastener closure like Velcro. Avoid heels higher than an inch or two, sandals, and flip-flops. If you notice foot pain and have long or thick toenails or a condition that affects sensation or circulation, like type 2 diabetes, he also suggests seeing a podiatrist "They can help diagnose and treat these problems," he says, "and make sure that you're wearing appropriate footwear."

› **Build your confidence.** Up to 60 percent of older adults are concerned about falls even if they're never had one. But this can limit your activities significantly, according to a study published in BMC Geriatrics in 2021. "Unfortunately, this creates a vicious cycle: People are afraid to move, so they lose even more muscle strength and their balance worsens, which makes them even more fearful," Hartley says.

If you're experiencing something similar, take walks only where you're familiar with the terrain for the time being. And consider doing exercises that carry little risk of falling, like swimming, pool aerobics, and stationary cycling. These can increase lower body strength, which aids balance. If you still feel apprehensive after a month, a physical therapist can screen you for problems that may be affecting your balance (and confidence) and work with you on a plan to get you moving with more ease.

6 MOVES THAT CENTER YOU

Greg Hartley, DPT, a professor of physical therapy, says these are his favorite balance exercises:

1. **The Standing March.** Hold on to your kitchen counter and march in place for a minute. As your balance improves, try this without holding on.
2. **Sit to Stand.** Sit in a sturdy, armless chair and push yourself up to standing. "It improves your lower extremity strength, which is important for good balance," Hartley says. Do 10 to 15 reps.
3. **Side Steps.** Stand with your feet together and knees slightly bent. Lightly hold on to a kitchen counter if necessary. Step your left foot out to the side and move your right foot to meet it, then do the sequence in the opposite direction. Repeat this three times.
4. **Three-Way Kick.** Lightly hold on to a kitchen counter if necessary, stand on one leg, and slowly raise the other leg in front of you. With the raised leg as straight as possible, lower it down. Do the same move with your leg out to the side and then with your leg behind you. Repeat on the other side.
5. **Toe Raises.** Stand facing a kitchen countertop (hold on to it if necessary) and lift the toes of both feet as high as is comfortable. Then lower them. Repeat 10 to 15 times.
6. **Heel-Toe Walk**. Standing, place the heel of your right foot just in front of the toes of your left foot. Then, take a step, placing your left heel just in front of your right foot. Repeat 10 to 15 times. Hold on to a sturdy item for stability.

Fall-Proof Your Home

Nearly 80 percent of emergency room visits for falls by older adults are the result of accidents that happen at home, according to a 2021 study published in the American Journal of Lifestyle Medicine.

To ensure that your home is as safe as possible, the Centers for Disease Control and Prevention recommends the following steps.

- Keep your floors clutter-free.
- Get rid of throw rugs.
- Add grab bars in the bathroom. (See page 11 for more tips on bathroom safety.)
- Install handrails on all staircases.
- Make sure that your home is well lit. This includes adding lights at the top and bottom of all your staircases and night lights in hallways, especially those that lead to bathrooms.

LEARN

For advice on how to recover from a fall, go to CR.org/afterafall.

6 Misleading Food Labels

What claims like 'no cholesterol' and 'gluten free' really mean

WHEN IT COMES to filling your grocery cart with the healthiest foods, careful label reading is critical. Yet even the savviest shoppers can be fooled by some of the claims found on the front of food packages. And that is intentional. "If the marketing is done well, it slips through the radar of critical thinking," says Marion Nestle, PhD, professor of nutrition and food studies at New York University. "It's designed to make you think emotionally, and before you know it, you've picked up a box of junk masquerading as health food."

Some of the terms on the front of food packages aren't regulated by the Food and Drug Administration, which oversees nutrition and health labels and claims. "Manufacturers use colorful images, product names, and claims that give the food a 'health halo,'" says Amy Keating, RD, a Consumer Reports nutritionist. "In some cases, the claims are factually true, but still can be quite misleading." Here are some claims to ignore.

No Cholesterol

Cholesterol is found only in animal products. Seeing "no cholesterol" on a plant-based food (like peanut butter or vegetable oil, which would never contain cholesterol) is stating the obvious, but it's there to make you think it's healthier than a similar product that doesn't proclaim it.

Made With Real Vegetables or Fruit

The ingredients listed below the Nutrition Facts panel are in order of weight, says Nestle. "The first few are the only ones that really count, and if the ingredient is below the first five, there's probably not much of it in the product." In the case of Simply Lay's Veggie Poppables (which proclaim "made with real veggies"), the only "vegetables" in them are spinach and tomato powders–listed 10th and 11th in the ingredients list. Welch's Fruit Snacks correctly state that "fruit is our 1st ingredient," but second and third in line are corn syrup and sugar, effectively negating any real benefits from the fruit.

Lightly Sweet

This suggests that a product would have very little sugar, but that's not always the case. For example, a cup of Morning Summit cereal, labeled "lightly sweetened," has 14 grams of added sugars. And "slightly sweet" Gold Peak iced tea has 16 grams of added sugars in 12 ounces. The terms that the FDA has definitions for are: "sugar free" (contains less than 0.5 gram sugars), "reduced sugar" (contains at least 25 percent less sugar than a comparable product), and "no added sugars" (no sugar or sugar-containing ingredient is added to the food).

Keto

Ketogenic foods contain little or no carbs or added sugars, but that doesn't automatically make them healthy. "Cereals, bars, or cookies that say 'keto' on the package are often ultraprocessed, a category of foods that are made with industrial ingredients," says Nestle, such as isolated proteins and sugar alcohols. These don't have calories or raise blood sugar, but "they are manufactured sweeteners, and questions have been raised about how safe they are," she says.

Gluten Free

Unless you have celiac disease or a gluten sensitivity, there's no health reason to avoid gluten. In fact, some gluten-free versions of breads, pasta, and tortillas can be a less healthy choice. They may be lower in fiber than whole-grain products (Toufayan Bakeries Gluten Free Tortilla Wraps, for example, have zero grams of fiber), and can contain gums and other additives that push them into the ultraprocessed food category.

Uncured

Cured deli meats and hot dogs are preserved with synthetic nitrates and nitrites, which may raise the risk of some cancers. But all uncured means is that the meat is preserved with celery seed powder or another natural source of nitrates and nitrites. "Uncured meats aren't better for you," Keating says, "because synthetic and natural nitrates and nitrites have the same effects on the body."

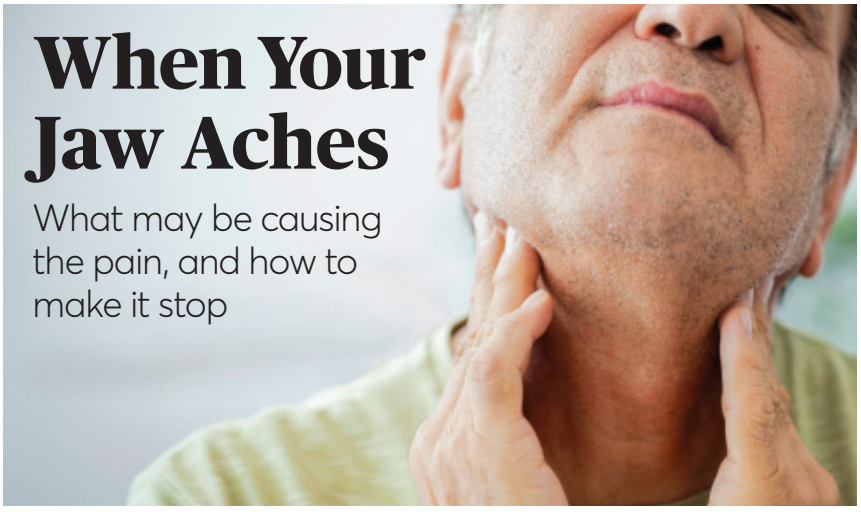
LEARN

For more on the meaning behind food labels, go to CR.org/healthclaims.

PHOTO: SHUTTERSTOCK

When Your Jaw Aches

What may be causing the pain, and how to make it stop



WHERE YOUR LOWER JAW meets your skull, in front of your ear, you'll find your TMJ, or temporomandibular joint. Problems with this joint or the surrounding muscles can result in temporomandibular disorder (TMD), which affects millions of Americans. And recent research suggests that TMJ dysfunction becomes more common with age, in both men and women.

It can cause clicking and popping, along with jaw pain, headaches, and difficulty opening your mouth or chewing food. The good news is that if you are in pain, TMD is often treatable with at-home remedies and other conservative interventions.

A Combination of Causes

The likelihood of arthritis-related joint pain increases every decade after age 50, says Sumit Yadav, MDS, PhD, professor of orthodontics at the University of Nebraska Medical Center College of Dentistry in Lincoln. And the joint problems that are caused by osteoarthritis can contribute to temporomandibular disorder. Arthritis can lead to cartilage breakdown, which can subsequently make the small disk in your jaw joint slip out of place.

Tired, tense jaw muscles can also cause clicking and pain—even without a joint problem. "The disk is held in place by ligaments, which function like rubber bands," says Matthew Messina, DDS, a consumer adviser spokesperson for the American Dental Association and assistant professor and clinic director at Ohio State Upper Arlington Dentistry. "Clenching muscles put tension on the rubber bands, and the disks can slip out of position."

Stress is one common cause of jaw clenching and tense muscles. And frequently chewing gum, Yadav says, can tire out those same muscles, which can contribute to TMD.

Easing the Discomfort

Whether the pain is due to joint or muscle problems, almost 90 percent of people with TMD respond to noninvasive treatments, according to Wolters Kluwer's UpToDate, a decision-making tool for doctors.

Treatments that relax jaw muscles, including self-massage on areas of tension, can be very effective. You can also apply a warm compress to the affected area to relax the muscles and increase blood flow to promote healing. "Taking a warm washcloth and holding it on the jaw muscles on the sides of the face for 5 minutes a couple times a day can be beneficial," says Messina. Try to relieve stress to reduce clenching, whether through psychotherapy, meditation, or deep breathing. Physical therapists who specialize in TMD can also show you a variety of techniques to relax the muscles around the jaw and reduce pain. Over-the-counter pain relievers may help you manage discomfort, says Yadav, but they don't address the cause.

Before treating your pain, your medical provider—typically a primary care provider or dentist—will want to determine the cause of your symptoms and rule out other contributing factors, like an infected tooth.

More invasive treatments for severe cases include oral appliances, such as mouth guards, to prevent jaw clenching; evidence is mixed about their effectiveness. Botox injections into the TMJ area may relax these muscles and prevent jaw pain, but it's not approved by the Food and Drug Administration for this use. In the most serious cases, if months of conservative treatments have not helped, medical providers may recommend surgery to correct structural issues in the jaw that may be contributing to pain.

SEE YOUR DOCTOR IF ...

For some people, jaw pain can be a sign of a heart attack. "There are nerves from the heart that connect from the chest to the jaw, so issues in the chest can reflect there," says Annapoorna Kini, MD, cardiologist at Mount Sinai Hospital in New York City. Still, jaw pain isn't a common symptom, and it probably wouldn't be the only sign of a heart attack, says Kini.

Look out for chest pain, shortness of breath, arm pain, dizziness, sweatiness, or nausea at the same time—that could signal an emergency. The same is true if you have existing heart problems and sudden jaw pain; Kini recommends immediate medical care in that case. "When in doubt, if you're having severe jaw pain, go to the emergency room," she says.

PHOTO: GETTY IMAGES

6 Important Blood Tests

The ones you really need and when to get them done

SOMETIMES it may feel like almost every visit to the doctor includes a dreaded blood draw. Blood tests can reveal a lot about the state of your health. But whether you should get a specific test (and how often) depends on your health and medical history; more is not always better. Here's what to know about three blood tests everyone should get and three others you may want to consider.

Complete Blood Count

A complete blood count (CBC) measures red and white blood cells as well as platelets. It can help identify infections, conditions like anemia, and even blood cancer. The test "also looks at kidney and liver function, thyroid function, and electrolytes such as potassium, sodium, and calcium," says Stephen Kopecky, MD, a cardiologist at the Mayo Clinic in Rochester, Minn.

HOW OFTEN SHOULD YOU GET ONE? It depends. If you're in good health, "every two to three years is fine," Kopecky says. But if you have a condition such as kidney disease that needs to be monitored more closely or if you're on certain medications, including some prescription drugs for high blood pressure or cholesterol, "it should be done annually."

Metabolic Panel

A basic metabolic panel is used to assess glucose levels and can screen for diabetes and prediabetes, as well as lung and kidney function. A comprehensive panel includes all of the above plus six different tests of liver function. Both measure electrolytes and typically require fasting.

HOW OFTEN SHOULD YOU GET ONE? The U.S. Preventive Services Task Force recommends every three years for adults who are obese or overweight but have normal glucose levels. Some other experts recommend that schedule for everyone 45 and older.

Lipid Panel

A lipid panel, which may require fasting beforehand, measures cholesterol and triglyceride levels. High or borderline high results can indicate an increased risk of heart disease.

HOW OFTEN SHOULD YOU GET ONE? Every year for those over 65, according to the National Institutes of Health.

A1C

An A1C test measures your average blood sugar levels over the past three months and can be a useful tool for diagnosing diabetes and prediabetes. It doesn't require fasting, Kopecky says. But it's often not covered by Medicare, says Matthew Weissman, MD, site chair of the department of medicine at Mount Sinai Beth Israel Hospital and Mount Sinai Downtown.

WHO SHOULD GET ONE? The Centers for Disease Control and Prevention recommends everyone over 45 get at least a baseline A1C. If your result is normal but you have risk factors such as being overweight, the agency advises repeating the test every three years.

TSH

A TSH (thyroid-stimulating hormone) test can flag dysfunction of the thyroid gland, either overactivity (hyperthyroidism) or underactivity (hypothyroidism), says C. Noel Bairey Merz, MD, director of the Barbra Streisand Women's Heart Center at Cedars-Sinai in Los Angeles. While treatable and rarely life-threatening, a thyroid imbalance "affects pretty much every organ system," Bairey Merz says, which can lead to a wide range of symptoms including weight changes and sleep problems.

WHO SHOULD GET ONE? If you have a family history of thyroid disease, Weissman recommends getting tested every few years. If you don't and you're asymptomatic, the evidence on regular screening is insufficient. "For many aging adults, it is a reasonable screening test," Bairey Merz says.

Vitamin D

Testing for vitamin D is somewhat controversial. Proponents including Kopecky say it can be useful for flagging a common deficiency. Critics, Bairey Merz included, point to randomized trials that have raised questions about the health benefits of taking vitamin D supplements.

WHO SHOULD GET ONE? In Weissman's practice, he generally recommends the test only for those with osteoporosis to ensure vitamin D deficiency isn't a potential cause. "There has been mixed data around what diseases supplementing vitamin D can actually help," he says.

LEARN

For more on the screening tests you really need, go to CR.org/screening.

PHOTO: SHUTTERSTOCK

Make Your Bathroom Safer

Small upgrades that will keep you from slipping and make you more comfortable, too

YOUR BATHROOM IS one of the most important–and frequently used–rooms in your home. But due to its hard and often wet surfaces, it's also one of the places where you're most likely to be injured, notably in a fall. Here are some simple tweaks that can make a big, positive difference–from a CR expert and Allysin E. Bridges-German, OTD, a clinical assistant professor of occupational therapy and occupational science at Towson University in Maryland.

1 GET A HANDLE ON GRAB BARS

Sturdy, nonslip grab bars are one of the best ways to help prevent bathroom falls. For maximum security, they should be affixed to walls using screws, not attached with suction cups. You may want to hire a handy person to add them in key places: inside your bath or shower area (for support when entering and exiting the bath and while you're bathing) and by the toilet. Towel bars, which aren't designed to hold a lot of weight, aren't a safe alternative.

2 USE NONSKID MATS OR TREADS

A bath mat that absorbs water can help keep the floor dry—so you don't slip when it's wet—but may pose its own tripping or slipping hazards. Make sure any mat you use has a nonskid bottom. In the shower or tub, a nonslip mat or adhesive tread strips can increase safety, too.

3 CONSIDER A SHOWER SEAT

Bathing can be challenging if you're unsteady on your feet or find it hard to stand for long. For this reason, a shower chair or bench can be a useful addition to your bathroom. And if stepping over the rim of your tub is difficult, you might look into a tub transfer bench. This device is placed over the tub's edge and allows you to sit down, then swing your legs into the tub from a seated position.

CR'S EXPERT
John Banta leads CR's testing of toilets.

4 MAKE THE TOILET EASIER TO USE

Older toilets sometimes have seats that are 14 to 15 inches high, which can be tricky to sit down on and rise from. If a new toilet is in the cards, be aware that most options today are 17 to 19 inches high ("comfort height"). They can make sitting and standing easier. If replacing the toilet isn't an option, a 3-in-1 commode that's placed over it is sturdier than a stand-alone riser that rests on the bowl.

5 OPT FOR A SHOWER CURTAIN

If you have a glass door enclosing your shower space or bathtub, consider having it replaced with a rod and shower curtain. Glass is hazardous if you fall and trip, and a shower curtain gives you more flexibility in using safety accessories such as a tub transfer bench.

6 HAVE THE RIGHT LIGHTING

No lighting in your bath or shower stall? Add some, pronto. That's because your shower curtain can block needed light while you're bathing. For nighttime bathroom trips, add night lights by the toilet and sink. In hallways, choose those that are continuously on when it's dark (rather than night lights that are motion-activated) so that you can see where you're going before you enter the bathroom.

ILLUSTRATION: CHRIS PHILPOT

On Your Mind

QUESTION OF THE MONTH

What can I do about an itchy rash?

Itchy, irritated skin may be an allergic reaction to jewelry or ingredients in things like personal care items (like shampoo and cosmetics), laundry detergents, and cleaning products. So stop using anything you suspect is at fault (say, a new moisturizer), the American Academy of Dermatology says. Soaking your skin in cool water may also help. If the rash doesn't go away or eases but returns, your doctor can check for eczema, psoriasis, poison ivy, or other problems and recommend a steroid if needed. Call right away if the rash spreads quickly, it's widespread or painful, or you have a fever. This may signal an infection or a more severe allergic reaction.

I've heard that statins can put me at risk for diabetes. Is that true?

These cholesterol-lowering drugs increase the odds of developing type 2 diabetes very little–by about 0.2 percent a year. Those who have prediabetes or are already at high risk for diabetes are most likely to see this increase in odds. The American Heart Association suggests that statin users who are concerned exercise regularly, manage their weight, follow a healthy diet, and talk with their doctor about regular blood sugar checks. Don't just stop taking a statin on your own.

Can you be too old for knee or hip replacement?

No, provided you're in generally good health, says Antonia Chen, MD, chief of arthroplasty and joint reconstruction at Brigham and Women's Hospital in Boston. "We want to see patients active and well nourished before a procedure," Chen says. Quitting smoking and getting your body mass index below 40 cuts the likelihood of post-surgery problems like infections and slow wound-healing, she says, while frailty and conditions like heart disease or diabetes could hike surgery risks.

How can I get enough calcium if I don't eat much dairy food?

Adults ages 51 and older should aim for 1,000 to 1,200 mg of calcium per day. If you don't consume calcium-rich dairy, then fortified products like orange juice, dairy alternatives, and breakfast cereals and tofu made with calcium sulfate can help, says Lena Beal, MS, RDN, a spokesperson for the Academy of Nutrition and Dietetics. Lactose-intolerant? You may be fine with Greek yogurt, aged cheese, and lactose-free versions of other dairy products, which can have 100 to 300 mg of calcium per serving. Canned salmon and sardines (and other fish with soft, edible bones), spinach, kale, turnip greens, and beans have calcium, too. If you still can't get enough, Beal recommends talking with your doctor about the pros and cons of a calcium and vitamin D supplement.

TALK TO US

HAVE QUESTIONS?
We'll answer those of general interest. Write to CRH, 101 Truman Ave., Yonkers, NY 10703 or go to **CR.org/crh** to contact us by email.

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